IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238213

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4637167275

APPLICANT/OWNER: Patrick Indries APPLICANT ADDRESS: 112 Campton Mooresville, NC

SITE ADDRESS: 290 McCrary Rd Mooresville, NC 28117 PHONE: 7223345 ALT. PHONE

SITE DIRECTIONS: Hwy 150 West TL McCrary Rd on right SAP CONTROLLED: [X] YES [ ] NO

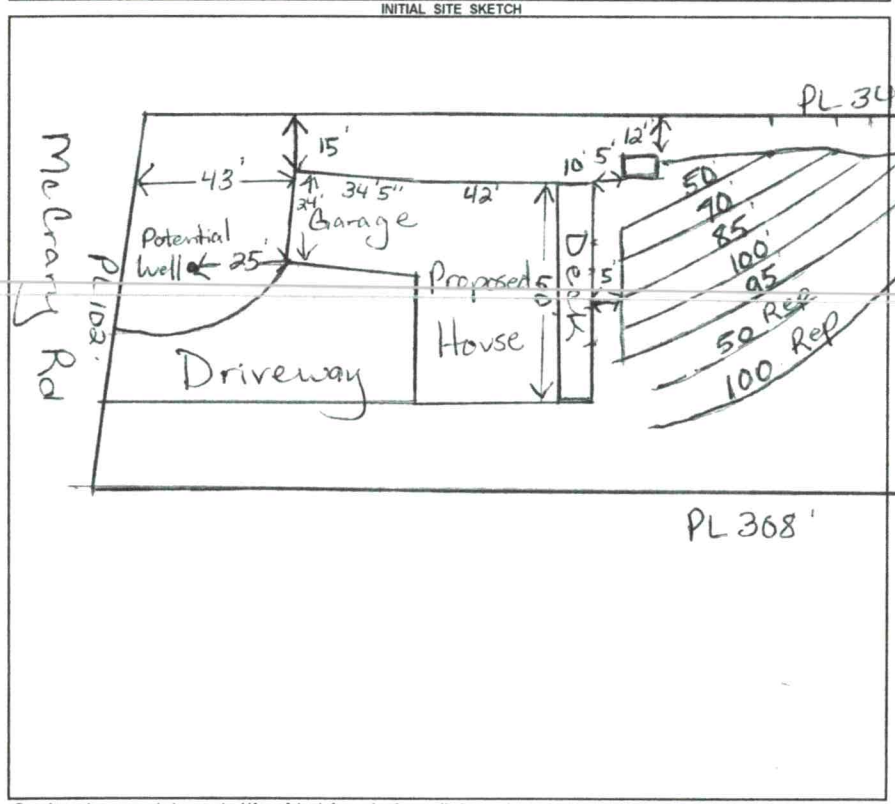
SUBDIVISION: McCrary Woods SECTION: LOT # 29 LOT AREA: .77Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 8-23-20	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: * Gravity -25% Reduction		[ ] Business	No. Persons 8	[X] Private
Pump Make		Model	Serial #	Repair System Description: PPBPS		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines 5	Linear Ft 400'	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	36"	Trench Bottom Depth (Low side) max	30"	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: * Must stub out plumbing high to maintain gravity flow to Septic Tank

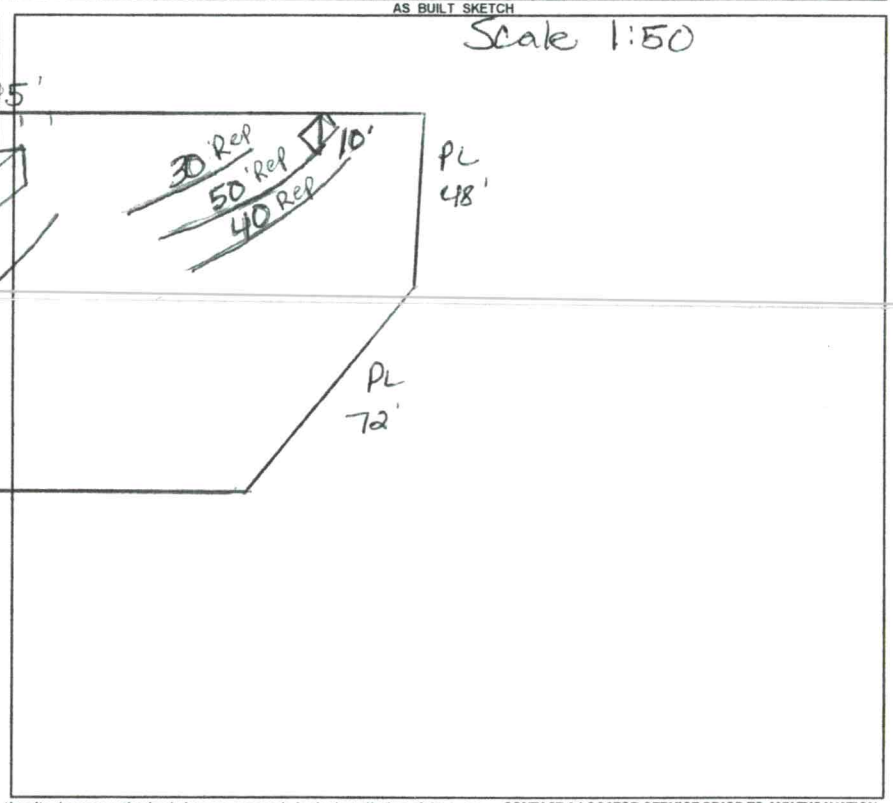
* Must keep Septic 100ft to well

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

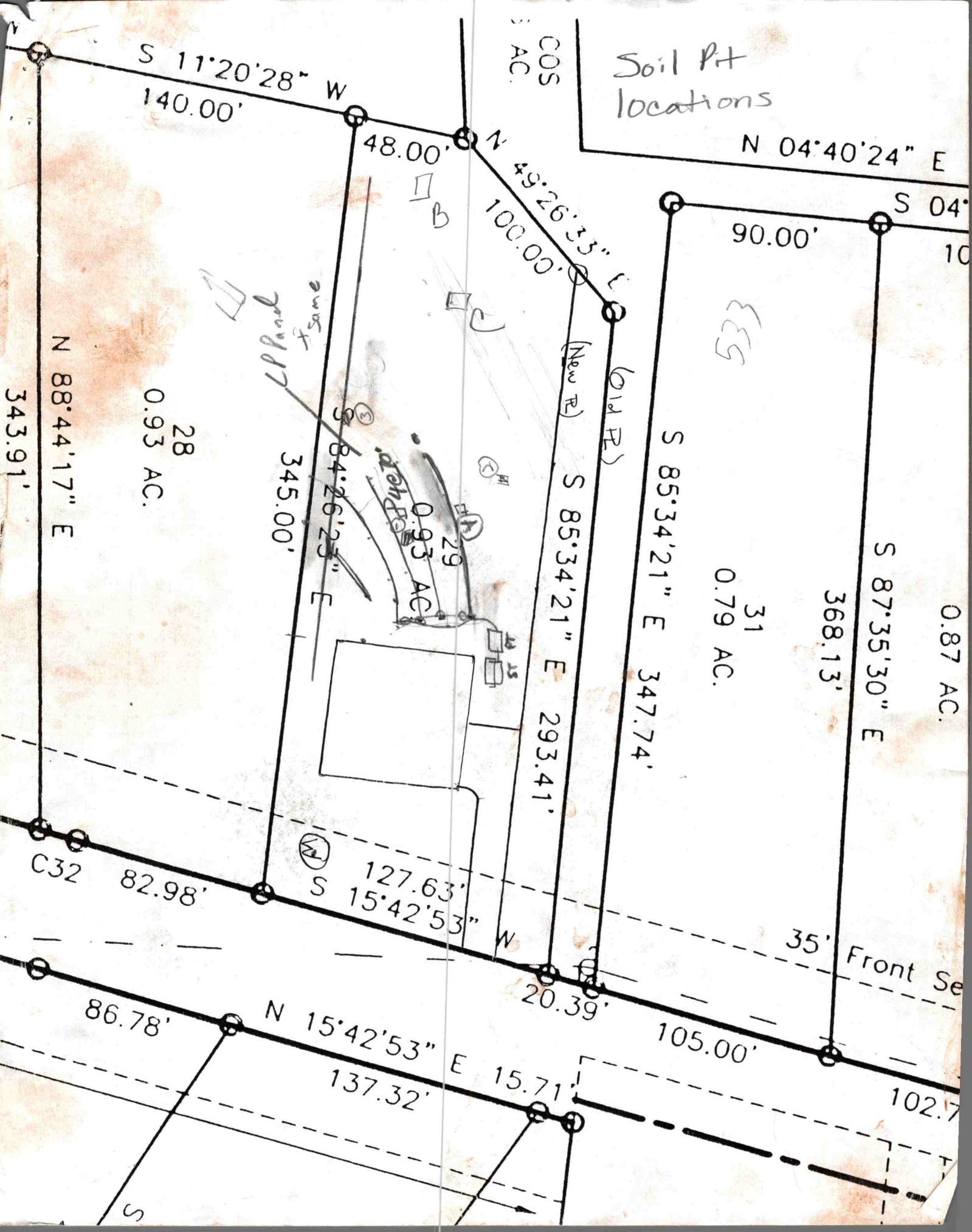
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8/12/20 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/8/19 OPERATION PERMIT by: Date: 10-6-2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/8/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


Soil Pit locations
S 11°20'28" W
140.00'
48.00'
N 49°26'33" E
100.00'
N 04°40'24" E
90.00'
S 04°
10
COS
AC.
B
C
LP Pond
same
(New R)
(Old R)
N 88°44'17" E
343.91'
28
0.93 AC.
345.00'
S 84°26'23" E
29
0.93 AC.
S 85°34'21" E 293.41'
S 85°34'21" E 347.74'
31
0.79 AC.
368.13'
S 87°35'30" E
0.87 AC.
C32 82.98'
127.63'
S 15°42'53" W
35' Front Se
20.39'
105.00'
86.78'
N 15°42'53" E 15.71'
137.32'
102.7

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4637762275
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Patrick Indries
ADDRESS: 112 Camp Ln Mooresville, NC
PROPOSED FACILITY: House
LOCATION OF SITE: 290 McCrary Rd McCrary Woods #29
APPLICATION DATE: 8/22/18
DATE EVALUATED: 9/19/18
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: .77 Acre
PROPERTY RECORDED: Y
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	A 15%	0-6	Brw	SCL SS, SP, SE, FR					PS .3 to .35
		6-18	RCL	MSBK SS, SP, SE, FR					
		18-40"	RCL	WSBK SS, SP, SE, FR					
		"	w/ Inclus of	SAP	—	40"			
		40-60	Red/yel	L SAP massive, FR					
2	B 12%	0-6"	Brw	SCL SS, SP, SE, FR					PS .3 to .35
		6-24	RCL	MSBK SS, SP, SE, FR					
		24-48	RCL	WSBK SS, SP, SE, FR					
			w/ manga	SAP	—	Inclus 48"			
		48-54"	L	SAP massive, FR					
3 B C	C 16%	0-7"	Brw	SCL SS, SP, SE, FR					PS .35
		7-25"	RCL	MSBK SS, SP, SE, FR					
		25-40"	RCL	WSBK SS, SP, SE, FR					
			w/ Inclus of	SAP	—	40"			
		40-56"	L/SL	SAP massive, FR					
4	D 12%	0-24	RCL m-w	SBK SS, SP, SE, FR					PS .3
		24-36	RCL w	SBK SS, SP, SE, FR					
		36-48	L	SAP massive, FR					
					—	36"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3-.35

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Tommy Frye

COMMENTS:

PARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Soil notes from 2004 permit

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 29 McCravy Woods PROPERTY RECORDED: _____
WATER SUPPLY: ❑ Private ❑ Public ❑ Well ❑ Spring ❑ Other _____
EVALUATION METHOD: ❑ Auger Boring ❑ Pit ❑ Cut
TYPE OF WASTEWATER: ❑ Sewage ❑ Industrial Process ❑ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-24	RC MFSBK	fri SSSP sexp	P				PS
		24-36	RCL MSTPK	fri SSSP sexp	P-common	SAP Inc.			3
		36-46	LSAP WSBK/Mass	fri SSSP					
3 2		0-24	RC SBK	fri fi SSSP sexp					PS
		24-46	RCL MWSBK	fri SSSP sexp					3
2 3		0-4	BSL gr	fri SS SP					
		4-32	CL SMPK	SP F					PS
		32-42	CL WSBK	SSP FI					
		42-60	CL	SSSP fi					3
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

#238213
paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
PATRICK INDRIES	112 CAMP LN.	980-722-3345	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
GERICO VENTURES			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
290 McCRARY RD	MC CRARY WOODS	#29

Driving Directions: HWY 150 West, left on McCrary Rd, lot is on (R)

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: [signature] 8-22-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, GERICO VENTURES, am the legal owner(s) of the property located at 290 MCCRARY RD MOORESVILLE NC 28117, identified as PIN (Parcel Identification Number) 4637-16-7275, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) PATRICK INDRIES, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Clay Cook 8-10-18 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

4/8/19 **(Date)**

Owner: Patrick Indries
Address: 112 Camp Ln
Mooresville, NC 28117

Subject: Notice of Intent to Revoke/Suspend McCrary Woods Lot #29
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Patrick Indries:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 290 McCrary Rd (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 4 LPPPBPS (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits	15A NCAC 18A .1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 4/8/19. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND-NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LSS26-3
(3) 2x10	LSS210-3
(3) 2x12	HUS12-3 MIN
(2) 1-3/4"x9-1/4" LVL	HGUS410
(2) 1-3/4"x9-1/2" LVL	HGUS410
(2) 1-3/4"x11-1/4" LVL	HGUS412
(2) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16" LVL	HGUS414
(2) 1-3/4"x18" LVL	HGUS414
(3) 1-3/4"x9-1/4" LVL	HGUS5.50/10
(3) 1-3/4"x9-1/2" LVL	HGUS5.50/10
(3) 1-3/4"x11-1/4" LVL	HGUS5.50/12
(3) 1-3/4"x11-7/8" LVL	HGUS5.50/12
(3) 1-3/4"x14" LVL	HGUS5.50/14
(3) 1-3/4"x16" LVL	HGUS5.50/14
(3) 1-3/4"x18" LVL	HGUS5.50/14
(4) 1-3/4"x9-1/4" LVL	HGUS7.25/10
(4) 1-3/4"x9-1/2" LVL	HGUS7.25/10
(4) 1-3/4"x11-1/4" LVL	HGUS7.25/12
(4) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(4) 1-3/4"x14" LVL	HGUS7.25/14
(4) 1-3/4"x16" LVL	HGUS7.25/14
(4) 1-3/4"x18" LVL	HGUS7.25/14

HEADER SIZE AND JACK REQUIREMENTS

SPAN	SIZE	NO. OF JACK STUDS
<2'-9"	(2) 2x4's	1
2'-10" thru 4'-0"	(2) 2x6's	1
4'-1" thru 6'-0"	(2) 2x8's	2
6'-1" thru 6'-0"	(2) 2x10's	2
6'-3" thru 7'-1"	(2) 2x12's	2
7'-2"<	TYP. PLAN	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H < 10'-0"	2x4 @ 16" o.c.
10'-0" < H < 11'-0"	2x4 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H > 10'-0"	CONSULT ENGINEER

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD; UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD; UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 2-1/2" WOOD STUDS; UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 3-1/2" WOOD STUDS (PLUS 1/2" EXTERIOR WALL SHEATHING); UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED; UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CABINETRY TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED)
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT/O.C.
10. NUMBER OF EXTERIOR RISERS TO BE FIELD VERIFIED AT LOCATIONS WHERE 4 OR MORE ARE REQUIRED A HANDRAIL WILL ALSO BE REQUIRED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION AS REQUIRED.
12. MINIMUM 22-1/2"(W) x 54-1/2"(H) ATTIC ACCESS DOOR w/ PULL DOWN LADDER TO BE DETERMINED ON SITE.
13. HVAC RETURN(S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F.; UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION--OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (2)2x4 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS MUST HAVE (2)2x4 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH STOPS LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS SHOWN ON PLANS.
5. ALL RAFTER BRACES MUST HAVE 2 STUDS FROM PLATE TO FOUNDATION OR BEAM BELOW THEM AT ALL FLOORS. NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x4" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 10' SPAN A MIN. SINGLE LINE OF 2"x4" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS BEAR ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2nd JOIST 6" LONG (MIN.) ON 6' CENTERS ALONG LENGTH OF CEILING JOIST.
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 3' OR LESS MUST USE A 8-1/2"x3-1/2"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO KING STUDS WITH (3) 6"x3" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (3) 3/16"x3" LAG THROUGH A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 3' OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD, NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

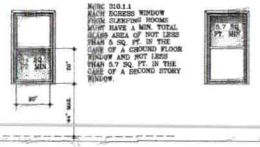
1. TREADS SHALL BE 9" WIDE PLUS A 1" NOSING
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4")
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 36".

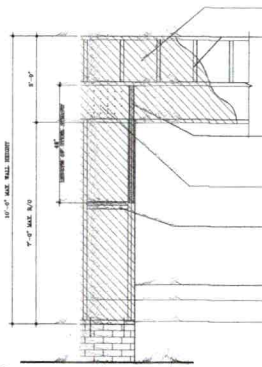
EGRESS WINDOW REQUIREMENTS

NCRC 3012 310.1
EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY ESCAPE OR RESCUE. THE UNIT MUST BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WHERE WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE, THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

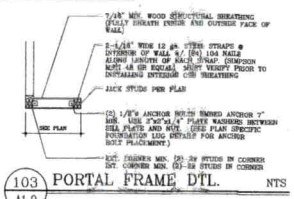
NCRC 310.1.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24". THE MIN NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENING AREA SHALL NOT BE LESS THAN 4 SQ. FT.

NCRC 310.1.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLASS AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW.



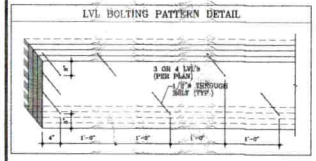


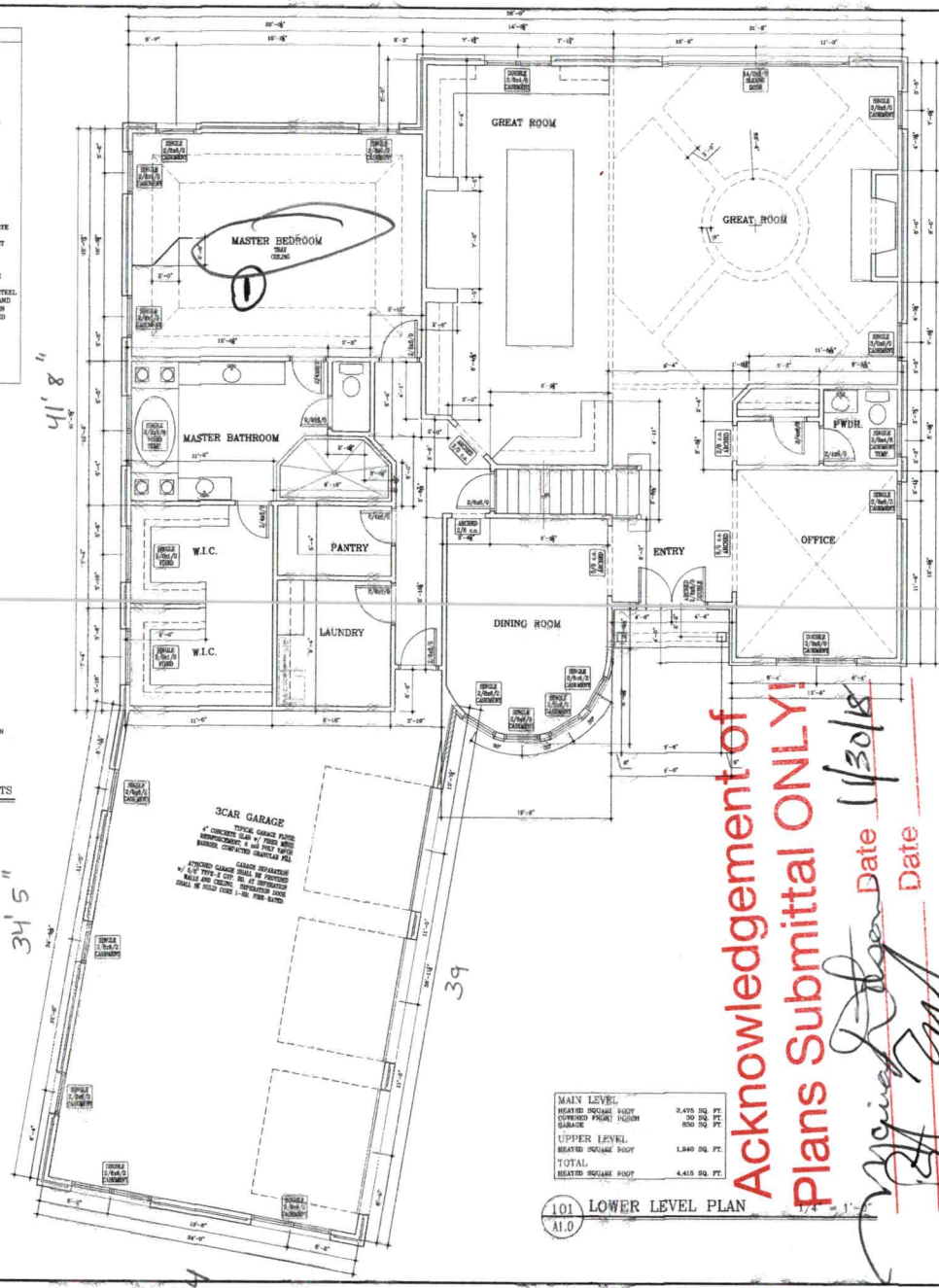
102 A1.0 PORTAL FRAME DTL. NTS



103 A1.0 PORTAL FRAME DTL. NTS

LVL BOLTING PATTERN DETAIL





MAIN LEVEL	
HEATED SQUARE FOOT	2,475 SQ. FT.
COVERED FRONT PORCH	30 SQ. FT.
GARAGE	850 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	1,940 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	4,415 SQ. FT.

101 A1.0 LOWER LEVEL PLAN 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!
Date 11/30/18
Date

MSJ DRAFTING
TELEPHONE (704) 735-8844
FAX (704) 735-7760
107 TRAMICK ROAD
LINCOLNTON, NORTH CAROLINA

A NEW RESIDENCE FOR:
ARAD
NORTH CAROLINA

PROJECT NO. INGRESS101
DATE MARCH 9, 2016
DRAWN BY MSD
CHECKED BY MSD
REVISIONS:
NO. DATE BY

COMPUTER REFERENCE FILENAME INGRESS101.DWG
SHEET NO. A1.0

TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND-NAME EQUIVALENTS ACCEPTABLE)

MEMBER	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HGUS410
(2) 1-3/4"x9-1/2" LVL	HGUS410
(2) 1-3/4"x11-1/4" LVL	HGUS412
(2) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16" LVL	HGUS414
(2) 1-3/4"x18" LVL	HGUS414
(3) 1-3/4"x9-1/4" LVL	HGUS5.50/10
(3) 1-3/4"x9-1/2" LVL	HGUS5.50/10
(3) 1-3/4"x11-1/4" LVL	HGUS5.50/12
(3) 1-3/4"x11-7/8" LVL	HGUS5.50/12
(3) 1-3/4"x14" LVL	HGUS5.50/14
(3) 1-3/4"x16" LVL	HGUS5.50/14
(3) 1-3/4"x18" LVL	HGUS5.50/14
(4) 1-3/4"x9-1/4" LVL	HGUS7.25/10
(4) 1-3/4"x9-1/2" LVL	HGUS7.25/10
(4) 1-3/4"x11-1/4" LVL	HGUS7.25/12
(4) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(4) 1-3/4"x14" LVL	HGUS7.25/14
(4) 1-3/4"x16" LVL	HGUS7.25/14
(4) 1-3/4"x18" LVL	HGUS7.25/14

HEADER SIZE AND JACK REQUIREMENTS

SPAN	SIZE	NO. OF JACK STUDS
<2'-0"	(2) 2x6's	1
2'-10" thru 4'-0"	(2) 2x6's	1
4'-1" thru 5'-0"	(2) 2x8's	2
5'-1" thru 6'-2"	(2) 2x10's	2
6'-3" thru 7'-1"	(2) 2x12's	2
7'-2"<	SEE PLAN	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H < 10'-6"	2x4 @ 16" o.c.
10'-0" < H < 11'-0"	2x4 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H > 10'-6"	CONSULT ENGINEER

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 3-1/8" WOOD STUDS, UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 5-1/8" WOOD STUDS (PLUS 1/8" EXTERIOR WALL SHEATHING) UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CABINETRY TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED)
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT/G.C.
10. NUMBER OF EXTERIOR RISERS TO BE FIELD VERIFIED AT LOCATIONS WHERE 4 OR MORE ARE REQUIRED A HANDRAIL WILL ALSO BE REQUIRED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION, AS REQUIRED.
12. MINIMUM 22-1/2"(W) x 54-1/2"(H) ATTIC ACCESS DOOR w/ PULL DOWN LADDER TO BE DETERMINED ON SITE.
13. HVAC RETURN(S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F., UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION--OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (2)2x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS MUST HAVE (3)2x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH STOPS LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS SHOWN ON PLANS.
5. ALL RAFTER BRACES MUST HAVE 2 STUDS FROM PLATE TO FOUNDATION OR BEAM BELOW THERM AT ALL FLOORS. NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x6" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 16' SPAN A MIN. SINGLE LINE OF 2"x4" SHALL BE NAILED TO DIAGONAL WEBBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS BEAR ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2x6 BLOCK 4" LONG (MIN.) ON 4' CENTERS ALONG LENGTH OF CEILING JOISTS.
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 3' OR LESS MUST USE A 8-1/2"x3-1/2"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO KING STUDS WITH (3) 6"x3" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (1) 3/16"x3" LAG THROUGH A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 3' OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD, NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

1. TREADS SHALL BE 9" WIDE PLUS A 1" NOSING
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4")
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 36".

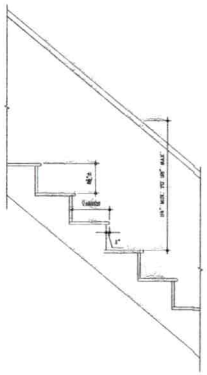
EGRESS WINDOW REQUIREMENTS

NCRC 2012 310.1

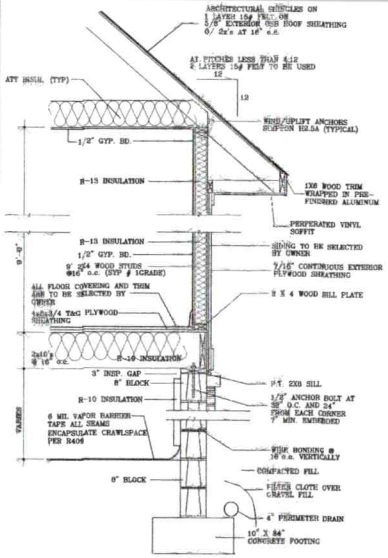
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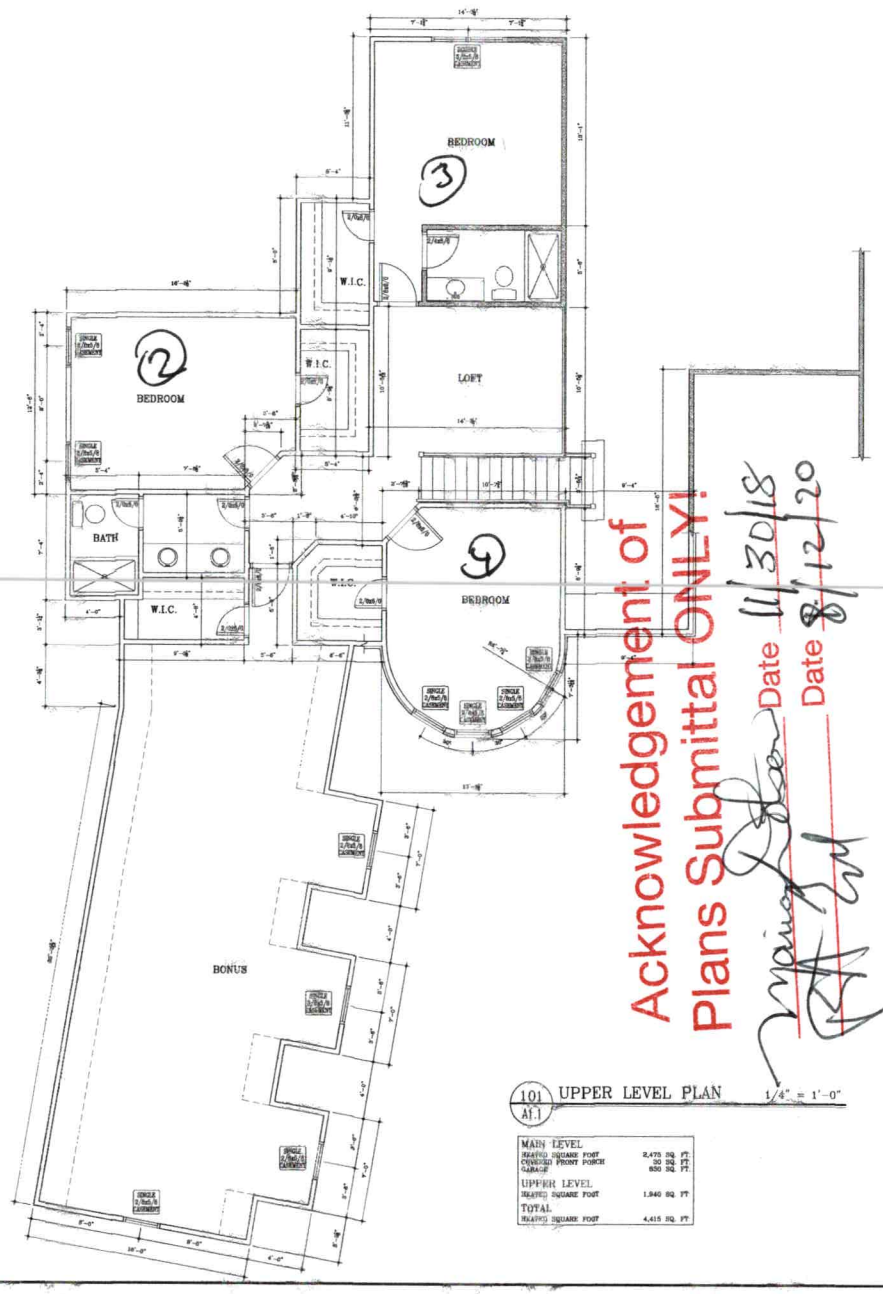
NCRC 310.1.1
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102 A1.1 TYP. STAIR DTL. 3/4" = 1'-0"



103 A1.1 TYP. WALL SECTION 3/4" = 1'-0"



101 A1.1 UPPER LEVEL PLAN 1/4" = 1'-0"

MAIN LEVEL	
HEATED SQUARE FOOT	2,475 SQ. FT.
COVERED FRONT PORCH	30 SQ. FT.
GARAGE	630 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	1,940 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	4,415 SQ. FT.

Acknowledgement of Plans Submittal ONLY!
Date 11/30/18
Date 8/12/20

MSJ DRAFTING
10976 FRANCIS ROAD
CHARLOTTE, NORTH CAROLINA
TELEPHONE (704) 752-9644
FAX (704) 752-9722

A NEW RESIDENCE FOR:
ARAD
NORTH CAROLINA

PROJECT NO. INGRESS101
DATE MARCH 9, 2016
DRAWN BY: MSD
CHECKED BY: MSD
REVISIONS:

NO.	DATE:	BY:

LOCATION REFERENCE FILENAME: INGRESS101.DWG
SHEET NO. A1.1 OF 4

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
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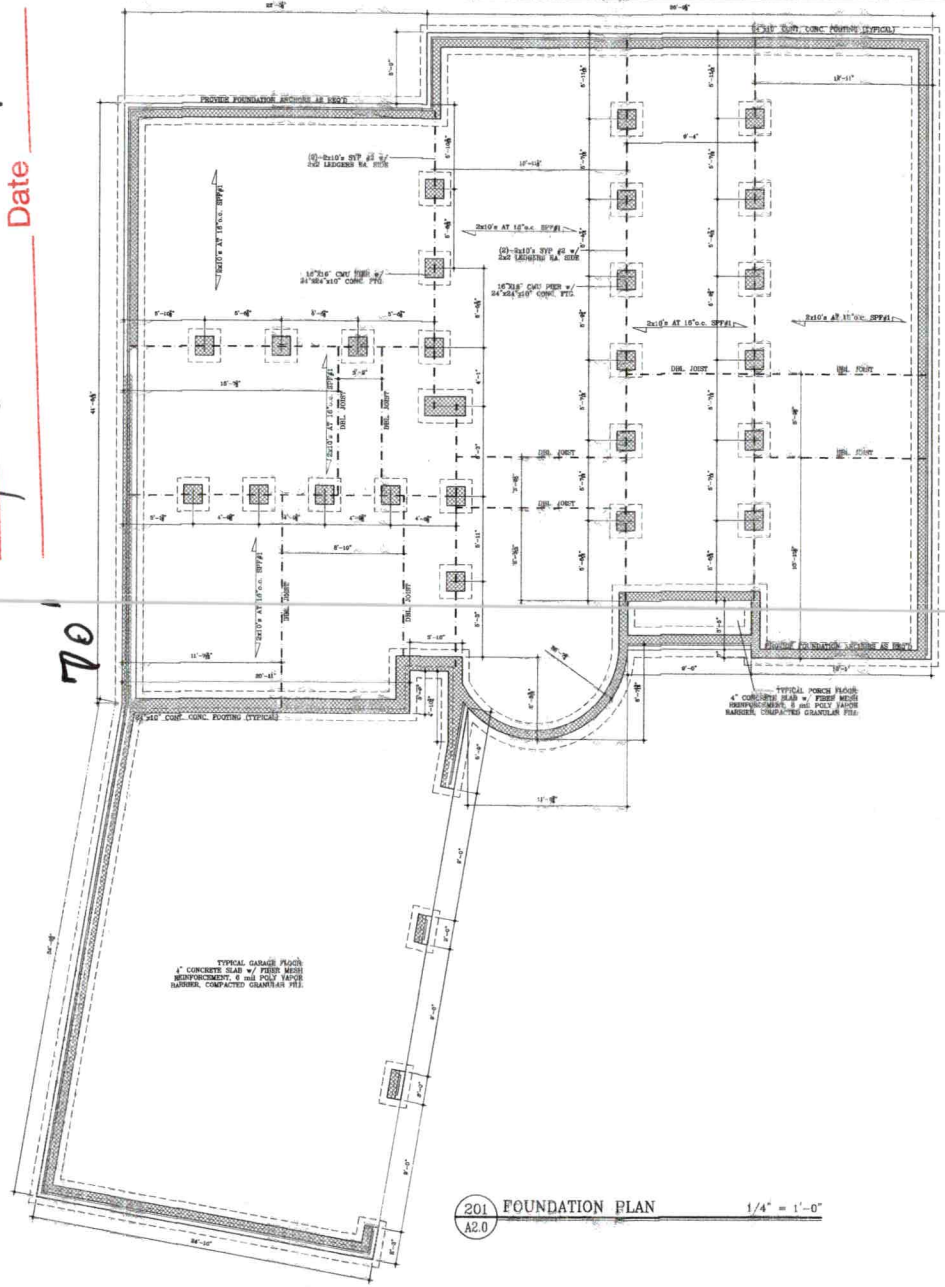
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6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x4" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 10' SPAN A MIN. SINGLE LINE OF 2"x6" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS REAR ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2x6 BLOCK 6' LONG (MIN.) ON 6' CENTERS ALONG LENGTH OF CEILING JOISTS.
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS WITH 2 OR MORE ADJACENT OPENINGS OF 5' OR LESS MUST USE A 3-1/2"x3-1/2"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO KING STUDS WITH (3) 5/8"ø LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (1) 3/16"ø5" LAG THROUGH A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 3' OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD. NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

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2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4")
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 36"

Acknowledgement of Plans Submittal ONLY!
Date 11/30/18
Date

60'
70'



201 / A2.0 FOUNDATION PLAN 1/4" = 1'-0"

MSJI DRAFTING
1971 FRASER ROAD
GREENWOOD, INDIANA 46143
TELEPHONE (765) 795-9944
FAX (765) 882-3725

A NEW RESIDENCE FOR:
ARAD
NORTH CAROLINA

PROJECT NO. INGRESS101
DATE MARCH 9, 2016
DRAWN BY: MSB
CHECKED BY: MSB
REVISIONS:

NO.	DATE:	BY

COMPUTER REFERENCE FILENAME: INGRESS101.DGN
SHEET NO. A2.0

375'

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 1+9583 234349 PIN# 4637 166015. 029 DATE 7/30/01

OWNER OR CONTRACTOR McCRARY PARTNERS LLC/Patrick Indrick PHONE: Business 799-9770 Home

ADDRESS PO BOX 360 & MOORESVILLE 28117

LOCATION 150 west - TL McCRARY - ON RT

SUBDIVISION McCRARY WOODS BLOCK / SECTION LOT 29 LOT AREA .93AC SITE CLASS. #5 DESIGN FLOW 480GPD L.T.A.R. .36/1AR

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280

No Lines 4@70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

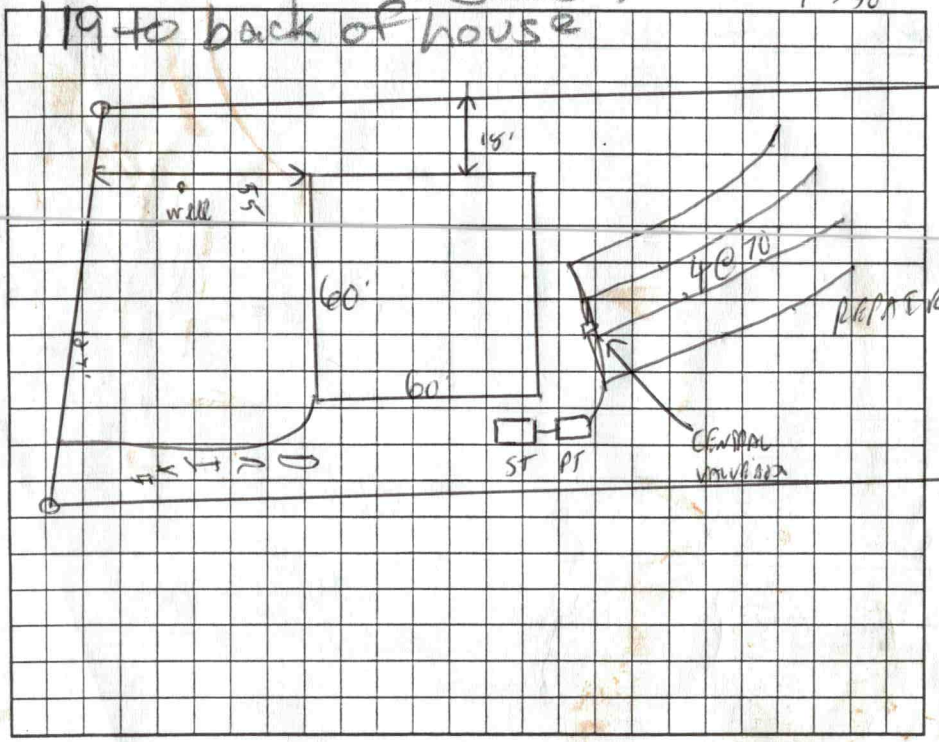
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

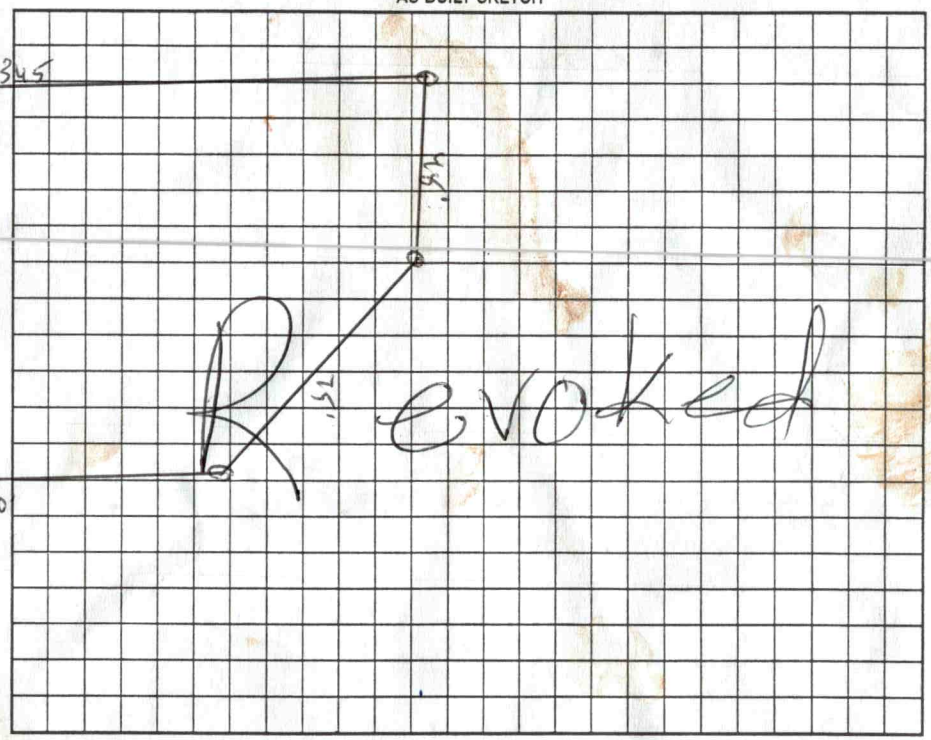
Comments/Conditions: 11/30/18 Reviewed Floor plans, in Compliance with IP. 43' from front PL to garage, 77 to house

Comments/Conditions: Note: redraw has been requested & Soil work to move repair area has been done. MS

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 8-3-04 Installed by:

Improvement Permit by: date 7/30/01 Operation Permit by: date

Authorization to Construct by: date 11/30/18 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
238213
Issue Date: 08/22/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4637167275.000	290 MCCRARY ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GERICO VENTURES LLC	Applicant: PATRICK INDRIES
Address: P O BOX 7676	Address: 125
MYRTLE BEACH, SC 29572	IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.770	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	149645	TOTAL FEES:	$ 77.25